

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08-13-1967		Applicant Identifier	
		3. DATE RECEIVED BY STATE 08-13-1967		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY 08-13-1967		Federal Identifier	
5. APPLICANT INFORMATION					
* Legal Name:			Organizational Unit:		
			Department:		
* Organizational DUNS:			Division:		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
* Street 1: Street 2:			Prefix: * First Name:		
* City:			Middle Name:		
County:			* Last Name:		
* State: St * Zip Code:			Suffix:		
* Country: AFG			Email:		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN):			* Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A A Other (specify)			7. * TYPE OF APPLICANT: State Government Other (specify)		
			9. * NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE:					
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
13. * PROPOSED PROJECT			14. * CONGRESSIONAL DISTRICTS OF:		
* Start Date: 08-13-1967 * Ending Date: 08-13-1967			* a. Applicant * b. Project		
15. * ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
* a. Federal	\$	0.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08-13-1967 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* b. Applicant	\$	0.00			
* c. State	\$	0.00			
* d. Local	\$	0.00			
* e. Other	\$	0.00			
* f. Program Income	\$	0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	0.00	<input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.					
a. Authorized Representative					
Prefix:		* First Name:		Middle Name:	
* Last Name:			Suffix:		
* b. Title:			* c. Telephone Number (give area code):		
* Email:			Fax Number (give area code):		
d. Signature of Authorized Representative:			e. Date Signed: 08-13-1967		

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Standard Form 424 (Rev. x-xx)
Prescribed by OMB Circular A-102

DELINQUENT FEDERAL DEBT EXPLANATION

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.